

Attachment 9

Quality Performance Program (QPP) Measures – Contract Year One

Base Performance Requirement	QPP Payment Threshold	% of QPP Pool
Claims Processing Timeliness - 15 Days: Process and pay or deny, as appropriate, at least 90% of all clean claims for dental services provided to members within fifteen (15) days of the date of receipt. The date of receipt is the date the DBPM receives the claim.	≥ 95% within 15 days	20%
Standard Service Authorizations: Process 80% of standard service authorization determinations within two (2) business days of obtaining appropriate dental information that may be required regarding a proposed admission, procedure, or service requiring a review determination.	≥ 85% within 2 business days	20%
Encounter Acceptance Rate: 95% of encounters submitted must be accepted by MLTC’s Medicaid Management Information System pursuant to MLTC specifications.	≥ 98%	20%
Call Abandonment Rate: Less than 5% of calls that reach the Member/Provider 800 lines and are placed in queue but are not answered because the caller hangs up before a representative answers the call. Measured using annual system-generated reports.	<3%	10%
Average Speed to Answer: Calls to Member/Provider lines must be answered on average within 30 seconds. Measured using annual system-generated reports.	30 seconds	10%
Appeal Resolution Timeliness: The DBPM must resolve each appeal, and provide notice, as expeditiously as the member’s health condition requires, within forty-five (45) calendar days from the day the DBPM receives the	≥ 95% within 30 days	10%
Grievance Resolution Timeliness: The DBPM must dispose of each grievance and provide notice, as expeditiously as the member’s health condition requires, within State-established timeframes not to Exceed ninety (90) calendar days from the day the DBPM receives the grievance.	≥ 95% within 60 days	10%